If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 1990	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.

1	L PLACE C	F DEAT	ГН		
	County	Your	and		
	Village or	City /	Elicati	- Cetu	mal
				1	
			ty or town where	deeth occurred	yrs
2	. FULL NA	ME.S	John	1 Chip	exce
	(a) Reside	ence: No	Mar	Usuai place	e of above)
COLUMN	PERSO	NAL AN	D STATIST	ICAL PART	ICULARS
3. 3	SEX	4. COLO	R OR RACE		RRIED, WIDOWE
5	Make	71	hete	Max	//
5e.	HUSBAND of (or) WIFE of	wed, or divo	rced	OR.	
		100	much	area l	Con
	AGE YOU	(month, dey	(, and year)	Days	IT LESS I
	AGE 10	71	8	24	1 dey,
	8. Trade, prof	ession, or ne	erticular	1 40	ormir
ON	kind of	work done, R. BOOKKEE	es SPINNER,	Janie	of
OCCUPATION	9. Industry or	business in	which //	111 0	
CO	all the second s	as done, as S ILL, BANK, e		Loole	w m
Ö	10. Dete decea this occ yeer) _	sed last wor supation (mo		spe	time (years) ent in this cupetion
12.	BIRTHPLACE (city or town)	Crecs	hoslova	kes
	(State or co	untry)			
HER	13. NAME	Un	eknow	21	
AT	14. BIRTHPLAC	CE (city or to	wn)	-A	,
14.	(State	or country)	Mn	know	W.
HER	15. MAIDEN N	AME	Hink	nown	
MOT	16. BIRTHPLAC	CE (city or to or country)	wn)	Inter	BULLA
17.	. INFORMANT	Ans	ril Ru	Busia	my.
10	(Address)	El	lecatt (ely M	do
18.	BURIAL, CREMA	1 0	AR Cana	Det d	Mod 1619
19	. UNDERTAKER	En	ton So	ns	
	(Address)	El	Pecott	Citis m.	1

20. FILED Sper 14, 19.3 6.

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1	
1	Registration Dist. No. 19
att Cety Md	NoSt.,Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
n where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
m Charles 6	surean
lain Street	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Dey) 4, 193 (Year)
e // fassala	(Month) (Dey) 7 (Year)
. 00 .	22. I HEREBY CERTIFY, That I ettended deceased from
UK. Durian	March 15 , 19 20, to Way. 17 , 19 36
n 9496- 25 1865	I last saw h _ elive on _ legs / , 19 Ho; deeth is seid
onths Days If LESS than	to have occurred on the date steted above, at
7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
ormin.	were as follows:
NER. Clanitor	Paris de at del Fer
	The state of the s
1. Woolen mill	my of the months and the
11. Totel time (years) spant in this	- Transaction of many
spent in this	
1 - 1 - 1	Other Cautributary Causes of importance:
exusiovania	An I i i i i i i i i i i i i i i i i i i
	Walnutation 3 Mis
own	
)	Name of operation
(nknown)	What test confirmed diegnosis? Dioperate Wes there en autopsy? 40
Jahnenon	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
	Accident, suicide, or homicide?
Mulenounal	Where did injury occur?
P B	(Specify city or town, county and State)
the Sufficient	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
it very Mids	
remotered Most 1619 36	Menner of injury
1000	Nature of injury
Sona	24. Wes diseese or injury in eny way related to occupetion of deceesed?
the Cetin and	If so, specify
John B. Longhan	(Signed) Leva Africana. M. D.
Registrar.	(Address) Clare of aly wel
If wore blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis DEC 7 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 & NEAT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA
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V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH	- 1	1533
71711	01	MIN CLAIR	TITE	CLIVIII	CILL	OI.	DLAIII		100

1. PLACE OF DEATH	CERTIFICATE OF DEATH 11000
County Hornard	Registration Dist. No. 192
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Susama M Trungul (a) Residence: No. Warriottaville (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
is. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attanded decessed from 1936, to 17, 1936. I last saw have alive on 1936; death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 230 Pm. The PRINCIPAL CAUSE OF DEATH and related ceusas of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Circhal Nimovileage 6 mills
10. Oate deceased last worked at this occupation (month and yaar)	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) / / / / / (State or country)	Williams
13. NAME fool Truzzell	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	What test confirmed diegnosis? Was thera an autopsy?
15. MAIOEN NAME Jain Crooked 16. BIRTHPLACE (city or town) MAL. (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
7. INFORMANT Multon trustell and (Address) Ballinger und	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIece Landen Cark Oete Nor 20, 1926	Manner of Injury
9. UNOERTAKER Asifeh of Gardy 1	24. Wes disease or injury in any way related to occupation of dacasad?
20. FILEO NOV /8 , 1936 Mere alice W Heller Registrar.	(Signed) A la Clarks of M.D. (Address) Clarks of the Drug M.D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

-WRITE PLAI

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

ord. Every item of infor-

1. PLACE OF DEATH	(46-TP)
County Naward Co	Registration Dist. No. 277 193
	Mono. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where daath occurred was with mo	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME mo Vauline Gros	J If U. S. Veteran, specify WAR
(a) Residence: No. Ada Browke Stille IR J. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AND - 13 - 193 (Month) (Day) (Year)
5a. It married, widowad, or divorced HUSBAND of (or) WIFE of William	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) July 2-1874	I last saw hand alive on Nov 9 - 1936: death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stetad above, at 1-1-Pam.
62 . 4 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Teads profession or particular	ware as rollows:
SAWYER, BOOKKEEPER, etc	Caremonia of
work was done, as SILK MILL, SAW MILL, BANK, etc.	duodenimi mt
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	No.
9,	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jermany (State or country)	Scandberg andmed
13. NAME Fredk Vala	- Carrier of the man
	Name of operation VA Sabarolowy Date of 7-22-3
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? August Was there an autopsy? MA
	23. If daath was dua to external causes (VIOL ENCE) fiil in also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Whare did Injury occur?
17. INFORMANT Has Peaard or (Addrass Man Pruling Saluta Brook)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place OU DON PARK Date 1/15/ 1950	Nature of injury
19. UNDERTAKER F. B. Plushseut (Addrass) 1800 Europe alace	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9100-14, 1934 C. S. Barnsley (Registrat.	(Signed) Sundy Shown no

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E	xample I		Example II	
The principal cause of der of importance were as foll Arteriosclerosis	ith and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	DEC A 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	<i>D G</i>	July 5,1927	Peritonitis	3 days ago
	BURGALL V. C	Page 1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
*				

V. S. No. 1

B.

ż

M

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

(Stete or country)

18. BURIAL CREMATION OR REMOVA

infor-

item of plnoys of occupa.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	93-6
	County Howard.	Registration Dist. No. 191
	Village or City Colleged City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
. 2	FULL NAME Jama Herbert.	
	(a) Residence: No. Columbia (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	4. COLOR OF MACE 5. SINGLE, MARRIED, WIDOWED, OR SIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a.	If merried widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decesed from april 15 1936, 10 November 10, 19 36
	DATE OF BIRTH (month, day, and resolut, 4/855	i lest saw h 2 alive on November 10, 1936; deeth is seld
7.	AGE Years Months Days if LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, a 77.22 ft.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOL	8. Trede, profession, dr particular kind of work done, es SPINNER, SAWYER, BOOKKEFER, etc.	Chronic My ocarbis Duration: 7
OCCUPATION	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	many years of Charles R.
000	10. Date decessed last worked at this occupation (month and year)	ago, doubts were expressed as to her recoverings.
12.	BIRTHPLACE (city or town) Baltuuru Co (Stete or counter) Day any layed	Other Contributory Causes of Importance: It was doubted very much if
HER	13. NAME alu N. Hewest.	Cog Pros Zocas (
FATHER	14. BIRTHPLACE (city or town) Harford Co. (Stete or country) Day large	Name of operation Dete of Whet test confirmed diegnosis? Cleaned Wes there en eutopsy?
THER	15. MAIDEN MAME auch au Sawyer.	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

Where did injury occur?_. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Neture of Injury

if so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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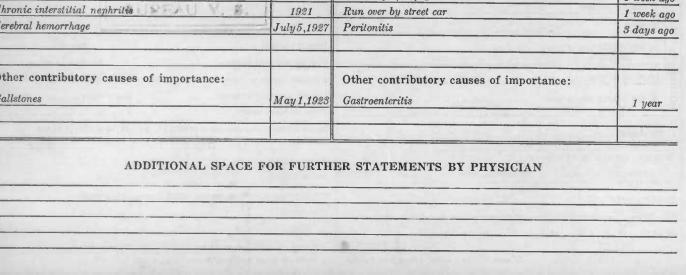
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	W G J , 1920	Oustroemer its	1 year



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	Example I	4	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RESERVER	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEP 8 1868	July 5,1927	Peritonitis	3 days ago
	MOSE OF V.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

		Gustroentertus	1 year
ADDITIONAL SPACE F	OR FURTHE	R STATEMENTS BY PHYSICIAN	
	ADDITIONAL SPACE F	ADDITIONAL SPACE FOR FURTHE	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

A-	STATE OF MARTLAND	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	95%
ould OCCU	County Howard	Registration Dist. No. 19/
shou of O	Village or City Alberton	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 +	2.	ds. How long in U.S. if of foreign birth?yrsmosds.
ED. Every YSICIANS statement	2. FULL NAME // assurette Mac Ty-	euzil
	(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
P. P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RECO LY. PH I. Exact	3-SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR D. WORCED (write the ford)	21. DATE OF DEATH (Mbnth) (Day) (Year)
ANE) A C T ssifted	5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Was Keyne	22. I HEREBY CERTIFY, That i attended deceased from
	6. DATE OF BIRTH (month, day, on Jean ou 8 , 1879	I last sew h. e. R. alive on Oet 31 ,19 26; deeth is said
A	7. AGE Years Months Days if LESS than	to heve occurred on the date steted above, at _/_OS/m.
IS A I stated properlifical	5) 5 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS II be st be pi of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	RHeumatic heart disease 1929
H	Rind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (months are) 11. Tôtaptime (Fars)	
	SAW MILL, BANK, etc	
1 3 1 0	this occupation (months and year) occupation	
NFADING pplied. AGE erms, so that instructions	Black tout	Dther Contributory Causes of Importance:
d. sc.	12. BIRTHPLACE (city or town) S.A. free State or country) O at Our illies	1101
UNFA supplied n terms, ee instr	13. NAME Williams Whitting ton	
5 2 4 6	13. NAME USCUSION WELLING TO THE THE STATE OF THE STATE O	Name of operation Date of
	(State or pountry) / Est Virginia	What test confirmed diagnosis?
WITH efully in plai	15. MAIDEN WAMERISTING Gallion	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
Z, are	15. MAIDEN TAMELISTICA GALLON 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S a E a	S (State or country)	Where did injury occur?
Should be careful of DEATH in 18 very important.	17. INFORMANT N. S. Mas Kerry is	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
53 70	18. BURIAL, CREMATION, OR REMOVALO	Manner of Injury
ITTE on s SE SE	Place tou the pull Date 11. 3, 19.3	Nature of injury
WRITE nation s CAUSE FION is	19. UNDERTAKER Easton Sous	24. Was disease or injury in any way related to occupation of deceased?
89	(Address) Ellicott Cel-	If so, specify
(Iz	20. FILED Of or 3, , 19.3 le John B. Long han	(Signed) George & Dugting M. D. (Address) Ellist City Md.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	0.1		•	MARGIN RESERVED FOR BINDING	IN R	ESE	RVE	Ü	FOR	BIN	DING		I		1
A B.	-WRITE PLAL	LY,	WITH	UNFA	DING	INK	TI	IIS]	IS A 1	ER	MANEN	T RE	Con	D. E	Ver
イ	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	e care	efully	supplied	l. AG	E sh	pluo	be s	stated	EX	ACTI	Υ.	PHY	SIC	IAN
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	ATH i	in plain	n terms,	so the	at it	may	be I	roper	y cl	assified.	Ex	act s	state	men
	TION is very important. See instructions on back of certificate.	nporta	int. S	ee instr	uctions	on l	back	of c	ertifica	te.					

1. PLACE OF DEATH		92-08	20
County Howard.		Registration Dist. No.	1
Village or City Marriott	soille	NoSt.,death occurred in a horpital or institution, give its NAME instead of street and	War
Length of residence In city or town where d		ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Mary	Jane Maxin	TELL	
(a) Residence: No. Marry	(Usual place of abode)	St. Ward. If nonresident give city or town an	d State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. (Day)	., 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	8. Manvall	22. HEREBY CERTIFY, Thet I attended	
6. DATE OF BIRTH (month, day, and year)	. Lt 2x 1858		: death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2.45 P. m.	
78 /	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	10.1
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Home	Valoular disease of Heart	Dete of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housinite.		
10. Date deceased last worked at this occupation (month and year)	3. 11. Total time (years) spent in this occupation	Other Coutributory Causes of Importance;	
12. BIRTHPLACE (city or town)	and Co	Other Controller Causes of Importance.	
I 13. NAME Delly O.	De Vrus.		
13. NAME ALLI OF THE STATE OF T	rroll Co	Name of operation Date of.	
(State of Country)	y facel.	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN AMELI Elizabe 16. BIRTHPLACE (city or town)	on shipley	23. If death was due to externel causes (VIOLENCE) fill in also the following	ng:
0 16. BIRTHPLACE (city or town)	moll cof	Accident, sulcide, or homicide? Date of injury	, 19
(Stete or country)	yeared.	Where did injury occur?(Specify city or town, county and St	ate)
17. INFORMANT AND AN ANTOLOGY	naxwell	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Q Date Not. 2 ,1936	Menner of injury	
19. UNDERTAKER Easton (Address)	Sous	24. Wes disease or injury In any way related to occupation of deceased?	21/
7 .11 01	41. 46ass	(Signed) 1 / Kicharlo	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The same of the sa	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	10/1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	. 4/		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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r,	are	H in	rta	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
AL	d b	DE	y in	
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STATE OF MARYLAND	CERTIFICATE OF DEATH 11539
1. PLACE OF DEATH	CERTIFICATE OF DEATH
	30
County Howard	Registration Dist. No. 191
Village or City Eleval Cely md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospitator institution, give its tyravite intend of street and number) ds. How long in U. S. If of foreign birth?
2. FULL NAME Eval Parks.	
	Ty St., Ned Australe) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
or DIVORCED (write the word)	100 IS 1993 0
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of achut Parks.	22. VHEREBY CERTIFY, Thet I attended decesed from
6. DATE OF BIRTH (month, day, and year) 12 - 30 - 1889	I last saw h elive on 200, 1934; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
46 10 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
9 Teads profession or particular	Date of onset
kind of work done, as SPINNER, at Hame	Careenmy of Chan
9. Industry or business in which	Inecated Vigal
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end 2-1936 spent in this occupation occupation)	
year) 2.7436 occupation after	Other Contribution Court of Importance
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importenca:
(Stata or country) muchigan	
13, NAME Usebrow	
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown	About of country and a second of the second
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	What test confirmed diagnosis?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axternal causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
- (State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT albert Carles (Address) Felliot City ruel	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Plece St Johns Cens. Date 11-30, 1936	Nature of injury
19 UNDERTAKER F.C. His whethous	24. Wes disaasa or injury In any wey related to occupation of deceased?
(Addrass) Ellevott Cuty	If so, specify
20, FILED how 30 , 1936 - John O. Longliran	(Signed) A- May January M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1916	Attack of epilepsy	1 week ago
Chronie interstitial nephritis 1921	Run over by street car	1 week ago
Cerebral hemorrhage July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance	Other contributory causes of importance:	T 5 ()
Gallstones May 1,1923	3 Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	450
County Loward	Registration Dist. No. / 9 /
Village or City Elliev & Cil-	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Lake	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Waters Keep	Œ
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of ALL ALL ALL ALL ALL ALL ALL A	22. I HEREBY CERTIFY, That I ettended docessed from
1 1 1 2 5 1	10-3/ 1936, to 11- 10 1936
6. DATE OF BIRTH (month, day and yeer) 7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, et 7, 208. m.
7 7 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
National Company National Co	were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	The same of the sa
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaesad last worked et this occupation (month end)	
10. Date dacaesad last worked et this occupation (month end / 9 / 7 spant in this occupation yeer)	
12. BIRTHPLACE (city or town) Hords Rules	Other Contributory Canses of importance:
(State or country) May lace.	
13. NAME Nev. Zadock M. Waters	
13. NAME THE TOWN LOCK M. Waters 14. BIRTHPLACE (city of town) - Have laved, (State or counter)	Name of oparation Date of What test confirmed diagnosis? Chinical Was there an autopsy? MA
15. MAIDEN NAME Mary and a Thood.	
15. MAIDEN NAME / Day a, I dod, 16. BIRTHPLACE (city or town) / Mary Larred (Stete or country)	23. If daeth wes due to external causes (VIOLENCE) fill in elso the following: Accidant, suicida, or homicide?
17. INFORMANT Joshua Elle Basley (Address)	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18/BORIALI CREMATION, OR REMOVAL ORDERO DE DE DES TON 13, 1936	Menner of injury
19. UNDERTAKER Eastors Sous (Addrass) Ellieatt Cili	24. Wes disease or injury in eny way reletad to occupation of dacaesed?
20. FILED. Of av. 12, 19.3 to John B. Long han. Registrar.	(Signad) Swy E. Denglos M. D. (Ardrass) Ellist City, M.d.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Language State Sta			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF OCCUPA 1. PLACE OF DEATH should Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? yrs. mos. ds. ds. PHYSICIANS statement If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) BINDING 5a, 1f married, widowed, or divorced ERTIFY. That I attended daceasad from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly If LESS than 7. AGE Years Months to have occurred on the data stated above, at 1 day The PRINCIPAL CAUSE OF DEATH and related causes of Importance min. wera as follows Date of enset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc ... plnods may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data decaased last worked at 11. Total time (years) this occupation (month and spant in this that occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) MARGIN (State er country) supplied FATHER 13. NAME Name of operation. 4 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis? Was there an autopsy? carefully MOTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicida? ... Oate of injury DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. should very OF (Address) 18. BURIAL, CREMATION, OR Manner of injury CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street eor	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EV KENTA	26		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9370)
County Howard.	Registration Dist. No. 192
Village or City West + recudshes	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth ocquired 80 yrs. O mos.	
2. FULL NAME addie Dey Sel	by
(a) Residence: No. W/6st Freudshil	2 St/, Ward.
(Usual place of abode)	Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR NAME 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, Thet I attended deceesed trom
(or) WIFE of John W. Ally	ach 10 1936 to 15 1 1 1936
6. DATE OF BIRTH month, day and sole 20 1/856	I last sew how elive on the Aver 9 , 19 36; death is said
7. AGE Months Days It LESS than 1 dev	to heve occurred on the date steted above, et 930 H·m.
300/ / 3// 6/ ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es tollows:
8. Trede, protession of perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Carried astales
SAWYER, BUUNKEEPER, etc	Inmary cause: Chanic myocardities
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and	Mwestian: not stated & Seefal
year) occupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) A ary Laley .	1 reformation of algae
E	
14. BIRTHPLACE (city or town) (State or spuntry)	Name of operetion
15. MAIDEN NAME SINIA Blurges	23. It deeth wes due to external causes (VIOLENCE) fill in also the tollowing:
15. MAIDEN NAME CINCA Sturges 16. BIRTHPLACE (city or town) - France State or country)	Accident, suicide, or homicide? Date of Injury19
State or country)	Where did Injury occur?
17. INFORMANT Mate. Willesin Selly A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Menner of injury
Place 199 (1995)	Neture of injury
19. UNDERTAKER Easton Sous (Address) Ellicot City	24. Was disease or injury in any wey releted to occupetion of deceased?
20. FILED NOV- 1D, 19.36 alics & Howk, Registrar.	(Signed) (Signed) M.D. (Ardress) Carlos Stella Frid
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

115,49

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
DEC 3			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-	~
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT H	efully supplied. AGE should be stated EXACTLY.
FOR	IS A	stated
SEKVED	NK-THIS	should be
AIN KE	ADING I	ed. AGE
MAK	TITH UNF	ully supplie
	1	Je

PHYSICIANS should state ord. Every item of infor-

of OCCUPA.

Exact statement

properly classified.

pe pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAI

V. S. No. 1 B See instructions on back of certificate.

STATE OF MARTLAND	CERTIFICATE OF DEATH 11040
1. PLACE OF DEATH	82-0
County Yourard	Registration Dist. No. 192
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where daeth occurred yrs mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME TO Supple	4
(a) Residence: No. (Cusual place of 6bode)	/_St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX ale coop or Race 5. SINGLE MARRIED. WIDOWED, OR DIVORCED Survice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Louise M. Shepley	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 1936
6. DATE OF BIRTH (month, day, end year 11 / 1867	I last saw horn elive on 150 9 ,1926; deeth is said
7. AGE Pears Months Days If LESS than 1 dey	to heve occurred on the date stated above, at
6/ 0 / 1 ormin.	Tha PRINCIPAL CAUSE OF DEATH end reletad causas of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Grideral Hemanhaya hadden
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end)	
10. Oate deceased last worked at 11. Total Time (years) spant in this occupation (month end year)	
12. BIRTHPLACE (city or town) Troward Coff. (Stete or country) Troward Coff.	Other Coutributory Causes of Importance:
13. NAME Shire C. Shipley 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
(State of Country)	Whet test confirmed diagnosis?
15. MAIOEN NAME / Arg suf Shifts 16. BIRTHPLACE (city or town)	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
S 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT/ P.S. Florence shiply	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place 100 Uren Ceru Oate 101, 17, 1936	Manner of Injury
19. UNDERTAKER (Sastou) Sous (Address) Ellicott Cila	24. Was diseese or injury in any way releted to occupation of deceesed?
20. FILED Norto, 1936 alice In 76 of Registrar.	(Signad) I desclose M.D. (Address) Classes rella VM

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of dof importance were as for	eath and related causes bllows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephriti	8 34 *	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ECELY L. P.	July 5,1927	Peritonitis	3 days ago
	D C 5			
Other contributory cause			Other contributory causes of importance:	
Gallstones	WURRAU	May 1,1923	Gastroenteritis	1 year
Enne				

1. PLACE OF DEATH	- MARTEARD	20m	
County Howard		Registration Dist. No. / 9	1
Village Dr City_Montgomer	The same of the sa	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and mos. # ds. How long in U.S. If of foreign birth?	Ward number) mosds.
2. FULL NAME James M	Taylor	If U. S. Veteran, specify WAR	
(a) Residence: No. Church A			d State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE C	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Married		, 193_6 (Yeer)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Margaret Ta	ylor	22. I HEREBY CERTIFY, Thet I attended INQUIRY to	
7. AGE Years Months 32 O	Ovember 2,1904 Days If LESS that 1 day,	I lest saw h im DEAD 11=28=36,19 to have occurred on the date stated above, at 6.10mPM	
kind of work done as SPINNER, SAWYER, BDDKKEEPER, etc	Postal Employe 11. Total time (years) 936 spant in this	e Fractured Skull	11-28-3
year)	idge	Dther Coutributory Causes of Importance:	
		Auto Accident	11-28-3
14. BIRTHPLACE (city or town) David (Stata or country) N.	son Co.	Neme of operation Date of What tast confirmed diagnosis? Was there an	
15. MAIDEN NAME Nattle R 16. BIRTHPLACE (city or town). Carol (State or country) 17. INFORMANT. Margaret. Tay (Address) Elkridge, M	ine Co. Va.	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Accident pate of injury 1 = Where did injury occur? Howard (Specify city or town, county and Signetify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Public Highway	28,19.36.
18. BURIAL, CREMATION, DR REMOVAL Placa Arbutus, Md		Manner of Injury Auto Accident Nature of Injury Fractured Skull	
19. UNOERTAKER F.C. Higinbo (Address) Hilicott C	thom Jr ity, Md	24. Was disease or injury In any way related to occupation of dacased? If so, specify (Signed) Afaile & Drumhan Act (Address) & Shelett Daly Ma.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A material figure of a second		. ob annual control	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis .	1 year
•		3050	

Fallstones -	May 1,1923	Gastroenteritis .	1 year
•			
ADDITIONA	L SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAL	N

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH	1154
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1. PLACE OF DEATH				
County Howard	Registration Dist. No. $\sqrt{9}$			
Village or City Elevert Dety med	No. St., Ward			
Length of residence in city or town where death occurredyrs. A Landoc	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? ds. ds.			
1.0 L	uc. If U. S. Veteran, specify WAR			
(a) Residence: No. file all Relatives Ward.				
(Usual place of abore)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (purice the word)	21. DATE OF DEATH Nov. 14, 193 (Month) (Day) (Year)			
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of / Lattie Young.	22. OI HEREBY CERTIFY, That I attended decaasad from			
6. DATE OF BIRTH (month, day, and year) Sune 12. 1862	I last saw h aive on Mari 14 19 6 death is said			
7. AGE Years Months Deys I LESS than	to have occurred on the date stated above, al. 10 20/4 m.			
74 5 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:			
8 Trade profession or particular	Date of onset			
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	Chrone hyocarditis 1935			
work was done, as SILK MILL, SAW MILL, BANK, etc	Ctrone Wylinles			
10. Date deceased last worked et this occupation (month and 1974 11. Total lima (years) spent in this				
year) 757 occupation Augus	Other Centributery Causes of importance;			
12. BIRTHPLACE (city or town)	-A			
(State or country) Mary Lavel.	Likeuseleuses !			
13. NAME Would Januag 14. BIRTHPLACE (city or town)				
14. BIRTHPLACE (city or town) (State or country) Manual (State or country) (State o	Name of operation			
W 15. MAIDEN NAME ROLLEGED TOPOLISE	What test confirmed diagnosis?			
15. MAIDEN NAME Ratchel Forms	Accidant, sulcide, or homicide?			
(State or country) Mary Land.	Where did injury occur?			
17. INFORMANT alexander young (Address) Catous fills of her	(Specily city or town, county and State) Specily whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Placa Weslery & Lan Date Nov. 16., 1936	Natura of injury			
19. UNDERTAKER 7. C. Hegustolkour	24. Was disease or injury in any way related to occupation of daceased? If so, spacily			
20. FILED. JON. 15, 19.3. La John B. Loughan	(Signed) feelf for true M. D. (Address) Ellewitzity had			
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V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
	11	9 6	
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year